

**Fill in this information to identify the case**Debtor name Riverside General Hospital, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number (if known) 16-30603 Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets -- Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

No. Go to Part 2.  
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

**2. Cash on hand**\$841.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
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**3.1. Unity Checking Acct****Checking account****\$0.00****4. Other cash equivalents (Identify all)**

Name of institution (bank or brokerage firm)

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**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$841.00****Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

No. Go to Part 3.  
 Yes. Fill in the information below.

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Case number (if known) 16-30603Current value of  
debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

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**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

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**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$0.00****Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

No. Go to Part 4.  
 Yes. Fill in the information below.

Current value of  
debtor's interest**11. Accounts receivable**11a. 90 days old or less: \$0.00 - \$0.00 = ..... → \$0.00  
face amount                    doubtful or uncollectible accounts11b. Over 90 days old: \$0.00 - \$0.00 = ..... → \$0.00  
face amount                    doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$0.00****Part 4: Investments****13. Does the debtor own any investments?**

No. Go to Part 5.  
 Yes. Fill in the information below.

Valuation method  
used for current valueCurrent value of  
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

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**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

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**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

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**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

**\$0.00**

#### **Part 5: Inventory, excluding agriculture assets**

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**18. Does the debtor own any inventory (excluding agriculture assets)?**

No. Go to Part 6.  
 Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>19. Raw materials</b>	MM / DD / YYYY			
<b>20. Work in progress</b>	MM / DD / YYYY			
<b>21. Finished goods, including goods held for resale</b>	MM / DD / YYYY			
<b>22. Other inventory or supplies</b>	MM / DD / YYYY			

**23. Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

**\$0.00**

**24. Is any of the property listed in Part 5 perishable?**

No  
 Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

No  
 Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

No  
 Yes

#### **Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

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**27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>28. Crops--either planted or harvested</b>			

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Case number (if known) 16-3060329. **Farm animals** Examples: Livestock, poultry, farm-raised fish30. **Farm machinery and equipment** (Other than titled motor vehicles)31. **Farm and fishing supplies, chemicals, and feed**32. **Other farming and fishing-related property not already listed in Part 6**33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

**\$0.00**34. **Is the debtor a member of an agricultural cooperative?** No Yes. Is any of the debtor's property stored at the cooperative? No Yes35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_36. **Is a depreciation schedule available for any of the property listed in Part 6?** No Yes37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?** No Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?** No. Go to Part 8. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b>			
<b>Chairs, Tables, and Desks</b>			<b>\$15,000.00</b>
40. <b>Office fixtures</b>			
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b>			
42. <b>Collectibles</b> Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			

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Add lines 39 through 42. Copy the total to line 86.

**\$15,000.00****44. Is a depreciation schedule available for any of the property listed in Part 7?**

No  
 Yes

**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**

No  
 Yes

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

No. Go to Part 9.  
 Yes. Fill in the information below.

<b>General description</b> Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	<b>Net book value of debtor's interest</b> (Where available)	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
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**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**


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**48. Watercraft, trailers, motors, and related accessories** Examples: Boats  
trailers, motors, floating homes, personal watercraft, and fishing vessels

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**49. Aircraft and accessories**


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**50. Other machinery, fixtures, and equipment (excluding farm  
machinery and equipment)**


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**51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$0.00****52. Is a depreciation schedule available for any of the property listed in Part 8?**

No  
 Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

No  
 Yes

**Part 9: Real property****54. Does the debtor own or lease any real property?**

No. Go to Part 10.  
 Yes. Fill in the information below.

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## 55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. <b>3204 Ennis St. Houston, Texas 77004-3213</b> <b>3204 Ennis St. Houston, Texas 77004-3213</b> <b>RES A BLK 1</b> <b>RIVERSIDE GENERAL</b>	<b>REAL PROPERTY</b>			<b>\$7,560,251.00</b>
55.2. <b>3217 Anita St. Houston, Texas 77004</b> <b>3217 Anita St. Houston, Texas 77004</b> <b>LT 12 BLK 4</b> <b>BOOKER T WASHINGTON</b>	<b>REAL PROPERTY</b>			<b>\$55,000.00</b>
55.3. <b>Liberty County Property</b> <b>31201515000RIVERSIDE GENERAL</b> <b>HOSPITAL#1SUE-ANN OPERATING,</b> <b>L.C.RIO.25000000AB 69 /MASON</b> <b>PETER SUR</b>	<b>REAL PROPERTY</b>			<b>\$584,060.00</b>
55.4. <b>4514 Lyons Ave. Houston, Texas 77020</b> <b>4514 Lyons Ave. Houston, Texas 77020</b> <b>LTS 1 2 &amp; 3 &amp; 7 8 9 &amp; 10 BLK 117</b> <b>(PRORATED 1-15-15)</b> <b>AUGUSTA</b>	<b>REAL PROPERTY</b>			<b>\$10,457,162.00</b>
55.5. <b>2802 Live Oak, Houston, Texas 77004</b> <b>2802 Live Oak, Houston, Texas 77004</b>	<b>REAL PROPERTY</b>			<b>\$84,375.00</b>
55.6. <b>2711 Live Oak Houston, Texas 77004</b> <b>2711 Live Oak Houston, Texas 77004</b>	<b>REAL PROPERTY</b>			<b>\$112,500.00</b>
55.7. <b>2918 Rosalie St. Houston, Texas 77004</b> <b>2918 Rosalie St. Houston, Texas 77004</b>	<b>REAL PROPERTY</b>			<b>\$120,316.00</b>
55.8. <b>3213 Delano St. Houston, Texas 77004</b> <b>3213 Delano St. Houston, Texas 77004</b>	<b>REAL PROPERTY</b>			<b>\$49,219.00</b>
55.9. <b>3215 Delano St. Houston, Texas 77004</b> <b>3215 Delano St. Houston, Texas 77004</b>	<b>REAL PROPERTY</b>			<b>\$49,219.00</b>
55.10. <b>3103 Paige St. Houston, Texas 77004</b> <b>3103 Paige St. Houston, Texas 77004</b>	<b>REAL PROPERTY</b>			<b>\$87,500.00</b>
55.11. <b>3204 Paige St. Houston, Texas 77004</b> <b>3204 Paige St. Houston, Texas 77004</b>	<b>REAL PROPERTY</b>			<b>\$43,750.00</b>
55.12. <b>2829 Holman St. Houston, Texas 77002</b> <b>2829 Holman St. Houston, Texas 77002</b>	<b>REAL PROPERTY</b>			<b>\$80,385.00</b>

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55.13.	<b>3005 Holman St. Houston, Texas 77004 3005 Holman St. Houston, Texas 77004</b>	<b>REAL PROPERTY</b>	<b>\$120,296.00</b>
55.14.	<b>3002 Holman St. Houston, Texas 77004 3002 Holman St. Houston, Texas 77004</b>	<b>REAL PROPERTY</b>	<b>\$213,096.00</b>
55.15.	<b>3020 Holman St. Houston, Texas 77004 3020 Holman St. Houston, Texas 77004</b>	<b>REAL PROPERTY</b>	<b>\$192,007.00</b>
55.16.	<b>3509 Ennis St. Houston, Texas 77004 3509 Ennis St. Houston, Texas 77004</b>	<b>REAL PROPERTY</b>	<b>\$114,884.00</b>
55.17.	<b>0 Elgin, Houston, Texas 77004 0 Elgin, Houston, Texas 77004</b>	<b>REAL PROPERTY</b>	<b>\$299,970.00</b>
55.18.	<b>0 Chisom St. Houston, Texas 77004 0 Chisom St. Houston, Texas 77004</b>	<b>REAL PROPERTY</b>	<b>\$19,755.00</b>
55.19.	<b>0 Chisom St. Houston, Texas 77004 0 Chisom St. Houston, Texas 77004</b>	<b>REAL PROPERTY</b>	<b>\$21,387.00</b>
55.20.	<b>3215 Ennis St. Houston, Texas 77004</b>	<b>REAL PROPERTY</b>	<b>\$154,093.00</b>
55.21.	<b>2711 Live Oak Houston, Texas 77004 2711 Live Oak Houston, Texas 77004</b>	<b>REAL PROPERTY</b>	<b>\$65,625.00</b>

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$20,484,850.00****57. Is a depreciation schedule available for any of the property listed in Part 9?**

No  
 Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

No  
 Yes

**Part 10: Intangibles and Intellectual Property****59. Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			

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Add lines 60 through 65. Copy the total to line 89.

**\$0.00****67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?**

No  
 Yes

**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

No  
 Yes

**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**

No  
 Yes

**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.  
 Yes. Fill in the information below.

**Current value of  
debtor's interest****71. Notes receivable**

Description (include name of obligor)

Total face amount - doubtful or uncollectible amount = ➔

**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

Tax year	_____
Tax year	_____
Tax year	_____

**73. Interests in insurance policies or annuities**

\_\_\_\_\_

**74. Causes of action against third parties (whether or not a lawsuit has been filed)**

Nature of claim \_\_\_\_\_

Amount requested \_\_\_\_\_

**75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

Nature of claim \_\_\_\_\_

Amount requested \_\_\_\_\_

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Case number (if known) 16-30603**76. Trusts, equitable or future interests in property****77. Other property of any kind not already listed** Examples: Season tickets, country club membership**78. Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$0.00****79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

No  
 Yes

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
<b>80. Cash, cash equivalents, and financial assets.</b> Copy line 5, Part 1.	<b>\$841.00</b>	
<b>81. Deposits and prepayments.</b> Copy line 9, Part 2.	<b>\$0.00</b>	
<b>82. Accounts receivable.</b> Copy line 12, Part 3.	<b>\$0.00</b>	
<b>83. Investments.</b> Copy line 17, Part 4.	<b>\$0.00</b>	
<b>84. Inventory.</b> Copy line 23, Part 5.	<b>\$0.00</b>	
<b>85. Farming and fishing-related assets.</b> Copy line 33, Part 6.	<b>\$0.00</b>	
<b>86. Office furniture, fixtures, and equipment; and collectibles.</b> Copy line 43, Part 7.	<b>\$15,000.00</b>	
<b>87. Machinery, equipment, and vehicles.</b> Copy line 51, Part 8.	<b>\$0.00</b>	
<b>88. Real property.</b> Copy line 56, Part 9..... ➔		<b>\$20,484,850.00</b>
<b>89. Intangibles and intellectual property.</b> Copy line 66, Part 10.	<b>\$0.00</b>	
<b>90. All other assets.</b> Copy line 78, Part 11.	<b>\$0.00</b>	
<b>91. Total.</b> Add lines 80 through 90 for each column. 91a.	<b>\$15,841.00</b>	<b>\$20,484,850.00</b>
<b>92. Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92.....		<b>\$20,500,691.00</b>

**Fill in this information to identify the case:**Debtor name Riverside General Hospital, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number (if known) 16-30603 Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
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2.1	Creditor's name <u>Briar Capital</u>	Describe debtor's property that is subject to a lien <u>Casa</u>	<u>\$3,962,162.44</u>	<u>\$0.00</u>
	Creditor's mailing address <u>1500 City W. Blvd</u>	Describe the lien <u>Agreement</u>		
	Houston TX 77042	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known			
	Date debt was incurred	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	Last 4 digits of account number			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$19,222,322.03

Debtor

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Case number (if known) 16-30603**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A	Column B		
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim		
<b>2.2</b> Creditor's name <u>Dixon Financial Services, LTD</u>	Describe debtor's property that is subject to a lien  <b>Note</b>	<b>\$6,300,000.00</b>	<b>\$0.00</b>
Creditor's mailing address <u>3401 Allen Pkwy</u>	Describe the lien  <b>Secured Debt</b>		
Ste 100			
Houston TX 77019	Is the creditor an insider or related party?		
Creditor's email address, if known	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Date debt was incurred	Is anyone else liable on this claim?		
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply.		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
<b>2.3</b> Creditor's name <u>Dixon Financial Services, LTD</u>	Describe debtor's property that is subject to a lien  <b>Note</b>	<b>\$300,514.00</b>	<b>\$0.00</b>
Creditor's mailing address <u>3401 Allen Pkwy Ste 100</u>	Describe the lien  <b>Secured Debt</b>		
Houston TX 77019	Is the creditor an insider or related party?		
Creditor's email address, if known	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Date debt was incurred	Is anyone else liable on this claim?		
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply.		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		

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Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<i>Column A</i> <b>Amount of claim</b> Do not deduct the value of collateral.	<i>Column B</i> <b>Value of collateral that supports this claim</b>
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<b>2.4</b>	<b>Creditor's name</b> <u>Dixon Financial Services, LTD</u>	<b>Describe debtor's property that is subject to a lien</b> <b>Promissory Note</b> <b>Describe the lien</b> <b>Secured Debt</b>	<b>Unknown</b> <b>\$0.00</b>
<b>Creditor's mailing address</b> <u>1825 Upland Drive</u>			
<u>Houston TX 77043</u>		<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Creditor's email address, if known</b> <hr/>		<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
<b>Date debt was incurred</b> _____		<b>As of the petition filing date, the claim is:</b> Check all that apply.	
<b>Last 4 digits of account number</b> _____		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<b>Do multiple creditors have an interest in the same property?</b>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	

<b>2.5</b>	<b>Creditor's name</b> <u>Federal Emergency Management Agency</u>	<b>Describe debtor's property that is subject to a lien</b> <b>FEMA Funds</b> <b>Describe the lien</b> <b>Secured Debt</b>	<b>\$5,000,000.00</b> <b>\$0.00</b>
<b>Creditor's mailing address</b> <u>500 C Street S.W.</u>			
<u>Washington DC 20472</u>		<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Creditor's email address, if known</b> <hr/>		<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
<b>Date debt was incurred</b> _____		<b>As of the petition filing date, the claim is:</b> Check all that apply.	
<b>Last 4 digits of account number</b> _____		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<b>Do multiple creditors have an interest in the same property?</b>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
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2.6	Creditor's name <u>Galveston County</u>	Describe debtor's property that is subject to a lien <b>Ad Valorem Taxes</b>	<b>\$160.89</b>	<b>\$0.00</b>
	Creditor's mailing address <u>Linebarger Goggan Blair &amp; Sampson LL</u>	Describe the lien <b>PROPERTY TAX</b>		
	<u>P.O. Box 3064</u>			
	<u>Houston TX 77253-3064</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply.		
	Last 4 digits of account number	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

2.7	Creditor's name <u>Harris County et al</u>	Describe debtor's property that is subject to a lien <b>Ad Valorem Taxes</b>	<b>\$23,783.96</b>	<b>\$0.00</b>
	Creditor's mailing address <u>Linebarger Goggan Blair &amp; Sampson LL</u>	Describe the lien <b>PROPERTY TAX</b>		
	<u>P.O. Box 3064</u>			
	<u>Houston TX 77253-3064</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply.		
	Last 4 digits of account number	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor

Riverside General Hospital, Inc.

Case number (if known) 16-30603**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

2.8	Creditor's name <u>Houston Liens</u>	Describe debtor's property that is subject to a lien <u>Ad Valorem Taxes</u>	<b>\$446.73</b>	<b>\$0.00</b>
	Creditor's mailing address <u>Linebarger Goggan Blair &amp; Sampson LL</u>	Describe the lien <u>PROPERTY TAX</u>		
	<u>P.O. Box 3064</u>			
	<u>Houston TX 77253-3064</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known			
	Date debt was incurred	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	Last 4 digits of account number			
	Do multiple creditors have an interest in the same property?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

2.9	Creditor's name <u>JLE Investors</u>	Describe debtor's property that is subject to a lien <u>3204 Ennis</u>	<b>\$1,135,212.02</b>	<b>\$0.00</b>
	Creditor's mailing address <u>710 Post Oak</u>	Describe the lien <u>Agreement</u>		
	<u>208</u>			
	<u>Houston TX 77024</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known			
	Date debt was incurred	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	Last 4 digits of account number			
	Do multiple creditors have an interest in the same property?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Debtor

Riverside General Hospital, Inc.

Case number (if known) 16-30603**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

2.10	Creditor's name <u>Texas City ISD</u>	Describe debtor's property that is subject to a lien	<u>\$41.99</u>	<u>\$0.00</u>
	Creditor's mailing address <u>Linebarger Goggan Blair &amp; Sampson LL</u>	<b>Ad Valorem Taxes</b>		
	<u>P.O. Box 3064</u>	Describe the lien		
	<u>Houston TX 77253-3064</u>	<b>PROPERTY TAX</b>		
	Creditor's email address, if known	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Date debt was incurred	Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
	Last 4 digits of account number	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:		
		Check all that apply.		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

2.11	Creditor's name <u>Triple 8 Venture Corp.</u>	Describe debtor's property that is subject to a lien	<u>\$2,500,000.00</u>	<u>\$0.00</u>
	Creditor's mailing address <u>c/o Alan R. Scheinthal</u>	<b>Note</b>		
	<u>Scheinthal &amp; Kouts, LLP</u>	Describe the lien		
	<u>Houston TX 77027</u>	<b>Secured Debt</b>		
	Creditor's email address, if known	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Date debt was incurred	Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
	Last 4 digits of account number	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:		
		Check all that apply.		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

**Fill in this information to identify the case:**Debtor Riverside General Hospital, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number (if known) 16-30603 Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
<b>2.1 Priority creditor's name and mailing address</b> <u>Internal Revenue Service</u> <u>P.O. Box 7346</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$18,660.00</b> <u>\$18,660.00</u>
<b>Philadelphia PA 19101-7346</b> Date or dates debt was incurred  Last 4 digits of account number _____	<b>Basis for the claim:</b> <u>941 Taxes</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( 8 )</b>		
<b>2.2 Priority creditor's name and mailing address</b> <u>Internal Revenue Service</u> <u>P.O. Box 7346</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$177,073.00</b> <u>\$177,073.00</u>
<b>Philadelphia PA 19101-7346</b> Date or dates debt was incurred  Last 4 digits of account number _____	<b>Basis for the claim:</b> <u>941 Taxes</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( 8 )</b>		

Debtor

Riverside General Hospital, Inc.

Case number (if known) 16-30603**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

2.3	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Total claim	Priority amount
	<u>Internal Revenue Service</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$629,895.00</u>	<u>\$629,895.00</u>
	<u>P.O. Box 7346</u>			
	<u>Philadelphia PA 19101-7346</u>	<u>Basis for the claim:</u> <u>941 Taxes</u>		
	<u>Date or dates debt was incurred</u>	<u>Is the claim subject to offset?</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<u>Last 4 digits of account number</u>			
	<u>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( 8 )</u>			
2.4	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$277,477.00	\$277,477.00
	<u>Internal Revenue Service</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$277,477.00</u>	<u>\$277,477.00</u>
	<u>P.O. Box 7346</u>			
	<u>Philadelphia PA 19101-7346</u>	<u>Basis for the claim:</u> <u>941 Taxes</u>		
	<u>Date or dates debt was incurred</u>	<u>Is the claim subject to offset?</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<u>Last 4 digits of account number</u>			
	<u>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( 8 )</u>			
2.5	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$655,755.00	\$655,755.00
	<u>Internal Revenue Service</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$655,755.00</u>	<u>\$655,755.00</u>
	<u>P.O. Box 7346</u>			
	<u>Philadelphia PA 19101-7346</u>	<u>Basis for the claim:</u> <u>941 Taxes</u>		
	<u>Date or dates debt was incurred</u>	<u>Is the claim subject to offset?</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<u>Last 4 digits of account number</u>			
	<u>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( 8 )</u>			

Debtor

Riverside General Hospital, Inc.

Case number (if known) 16-30603**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

2.6	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Total claim	Priority amount
	<u>Internal Revenue Service</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$135,000.00</u>	<u>\$135,000.00</u>
	<u>P.O. Box 7346</u>			
	<u>Philadelphia PA 19101-7346</u>	<u>Basis for the claim:</u> <u>941 Taxes</u>		
	<u>Date or dates debt was incurred</u>	<u>Is the claim subject to offset?</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<u>Last 4 digits of account number</u>			
	<u>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( 8 )</u>			
2.7	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,780.00	\$1,780.00
	<u>Internal Revenue Service</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,780.00</u>	<u>\$1,780.00</u>
	<u>P.O. Box 7346</u>			
	<u>Philadelphia PA 19101-7346</u>	<u>Basis for the claim:</u> <u>990 Taxes</u>		
	<u>Date or dates debt was incurred</u>	<u>Is the claim subject to offset?</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<u>Last 4 digits of account number</u>			
	<u>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( 8 )</u>			
2.8	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$27,856.21	\$27,856.21
	<u>Office of the Attorney General</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$27,856.21</u>	<u>\$27,856.21</u>
	<u>PO Box 12548, MC-008</u>			
	<u>Austin TX 78711-2548</u>	<u>Basis for the claim:</u> <u>Unemployment Taxes</u>		
	<u>Date or dates debt was incurred</u>	<u>Is the claim subject to offset?</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<u>Last 4 digits of account number</u>			
	<u>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( 8 )</u>			

Debtor

Riverside General Hospital, Inc.

Case number (if known)

16-30603

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<b>3.1</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$182.00</b>
<b>A-Affordable Vacuum Service</b>		<input type="checkbox"/> Contingent	
<b>7039 Burkett Street</b>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<b>Houston TX 77021</b>		<b>Basis for the claim:</b>	
		<b>Unsecured Debt</b>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>3.2</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$662.08</b>
<b>Abbott Laboratories</b>		<input type="checkbox"/> Contingent	
<b>100 Abbott Park Road</b>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<b>Abbott Park IL 60064-3500</b>		<b>Basis for the claim:</b>	
		<b>Unsecured Debt</b>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>3.3</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$202.82</b>
<b>Absolute Meter Services</b>		<input type="checkbox"/> Contingent	
<b>10314 Sagetrail Drive</b>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<b>Houston TX 77089</b>		<b>Basis for the claim:</b>	
		<b>Unsecured Debt</b>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
<b>3.4</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$1,702.75</b>
<b>AC Contractors</b>		<input type="checkbox"/> Contingent	
<b>13111 Cottingham Street</b>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<b>Houston TX 77048</b>		<b>Basis for the claim:</b>	
		<b>Unsecured Debt</b>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	

Debtor

Riverside General Hospital, Inc.

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16-30603

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$3,391.51</b>
		<i>Check all that apply.</i>	
<u>Advantage Office Products</u>		<input type="checkbox"/> Contingent	
<u>5722 Bingle Road, Suite B</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<u>Houston</u>		<u>TX 77092</u>	
		<u>Unsecured Debt</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
		<b>As of the petition filing date, the claim is:</b>	
		<i>Check all that apply.</i>	
<b>3.6</b>		<b>\$1,785.00</b>	
<u>Affordable Environmental, Inc.</u>		<input type="checkbox"/> Contingent	
<u>12322 WA-99, Suite 99</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<u>Everett</u>		<u>WA 98204</u>	
		<u>Unsecured Debt</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
		<b>As of the petition filing date, the claim is:</b>	
		<i>Check all that apply.</i>	
<b>3.7</b>		<b>\$188.80</b>	
<u>Alarm Master Corporation</u>		<input type="checkbox"/> Contingent	
<u>10615 Rockley Road</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<u>Houston</u>		<u>TX 77099</u>	
		<u>Unsecured Debt</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
		<b>As of the petition filing date, the claim is:</b>	
		<i>Check all that apply.</i>	
<b>3.8</b>		<b>\$2,125.32</b>	
<u>All American Air Works</u>		<input type="checkbox"/> Contingent	
<u>P. O. Box 1000</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
<u>Sophia</u>		<u>WV 25921-1000</u>	
		<u>Unsecured Debt</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	

Debtor

Riverside General Hospital, Inc.

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**Part 2: Additional Page**

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Amount of claim

<b>3.9</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$1,740.73</b>
		<i>Check all that apply.</i>	
<u>Alpha Electric Company</u>		<input type="checkbox"/> Contingent	
<u>901 W. 18th Street</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<hr/>		<b>Basis for the claim:</b>	
<u>Houston</u>		<u>TX</u>	<u>77008</u>
		<b>Unsecured Debt</b>	
<b>Date or dates debt was incurred</b>		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
<b>Last 4 digits of account number</b>		<input type="checkbox"/> Yes	
<hr/>		<b>As of the petition filing date, the claim is:</b>	
<b>3.10 Nonpriority creditor's name and mailing address</b>		<b>\$3,092.77</b>	
		<i>Check all that apply.</i>	
<u>American Family Life Assurance</u>		<input type="checkbox"/> Contingent	
<u>AFLAC</u>		<input type="checkbox"/> Unliquidated	
<u>917 Brown Avenue</u>		<input type="checkbox"/> Disputed	
<hr/>		<b>Basis for the claim:</b>	
<u>Columbus</u>		<u>GA</u>	<u>31906</u>
		<b>Unsecured Debt</b>	
<b>Date or dates debt was incurred</b>		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
<b>Last 4 digits of account number</b>		<input type="checkbox"/> Yes	
<hr/>		<b>As of the petition filing date, the claim is:</b>	
<b>3.11 Nonpriority creditor's name and mailing address</b>		<b>\$28,225.00</b>	
		<i>Check all that apply.</i>	
<u>American Physicians and Supply</u>		<input type="checkbox"/> Contingent	
<u>c/o Stephen W. Lemmon</u>		<input type="checkbox"/> Unliquidated	
<u>Sheinfeld Maley &amp; Kay</u>		<input type="checkbox"/> Disputed	
<hr/>		<b>Basis for the claim:</b>	
<u>Houston</u>		<u>TX</u>	<u>77002</u>
		<b>Unsecured Debt</b>	
<b>Date or dates debt was incurred</b>		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
<b>Last 4 digits of account number</b>		<input type="checkbox"/> Yes	
<hr/>		<b>As of the petition filing date, the claim is:</b>	
<b>3.12 Nonpriority creditor's name and mailing address</b>		<b>\$937.84</b>	
		<i>Check all that apply.</i>	
<u>Arrow International</u>		<input type="checkbox"/> Contingent	
<u>2400 Bernville Road</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<hr/>		<b>Basis for the claim:</b>	
<u>Reading</u>		<u>PA</u>	<u>19605</u>
		<b>Unsecured Debt</b>	
<b>Date or dates debt was incurred</b>		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
<b>Last 4 digits of account number</b>		<input type="checkbox"/> Yes	

Debtor

Riverside General Hospital, Inc.

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**Part 2: Additional Page**

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Amount of claim

<b>3.13</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Automatic Data Processing</u> <u>4822 Martin Luther King Jr. Blvd.</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$38,210.56</b>	
<b>Houston</b> <b>TX</b> <b>77021</b>		<b>Basis for the claim:</b> <u>Unsecured Debt</u>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Last 4 digits of account number</b> _____				
<b>3.14</b>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$26,341.00</b>
<u>Bank of New York Mellon</u> <u>1000 Louisiana Street</u>		<b>Basis for the claim:</b> <u>Unsecured Debt</u>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Last 4 digits of account number</b> _____				
<b>3.15</b>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$330,013.00</b>
<u>Beckman Coulter Inc.</u> <u>c/o Ian Andrew McCarthy</u> <u>Barnett &amp; Garcia</u>		<b>Basis for the claim:</b> <u>Unsecured Debt</u>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Last 4 digits of account number</b> _____				
<b>3.16</b>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$15,171.00</b>
<u>Beckman Instruments Inc</u> <u>c/o Jim D. Hamilton</u> <u>Twentieth Floor, Coastal Tower</u>		<b>Basis for the claim:</b> <u>Unsecured Debt</u>		
<b>Houston</b> <b>TX</b> <b>77046</b>				
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Last 4 digits of account number</b> _____				

**Debtor**

## **Riverside General Hospital, Inc.**

Case number (if known) 16-30603

**Part 2: Additional Page**

**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.**

**Amount of claim**

3.17	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.		\$20,000.00
<u>Bennie Thomas</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<u>c/o Patricia R. Saum</u>					
<u>Jann Scherbarth &amp; Associates</u>					
<u>Houston TX 77027</u>		<b>Basis for the claim:</b> <u>Unsecured Debt</u>			
Date or dates debt was incurred		Is the claim subject to offset?			
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Last 4 digits of account number					
3.18 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.		\$1,154.83	
<u>Beta Tech Inc</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<u>16810 Barker Springs Road, Suite 204</u>					
<u>Houston TX 77084</u>		<b>Basis for the claim:</b> <u>Unsecured Debt</u>			
Date or dates debt was incurred		Is the claim subject to offset?			
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Last 4 digits of account number					
3.19 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.		\$1,392.46	
<u>Bio-Rad Laboratories Inc.</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<u>1000 Alfred Nobel Drive</u>					
<u>Hercules CA 94547</u>		<b>Basis for the claim:</b> <u>Unsecured Debt</u>			
Date or dates debt was incurred		Is the claim subject to offset?			
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Last 4 digits of account number					
3.20 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.		\$214.50	
<u>Biomedical Waste Solutions, LLC</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<u>1100 Main</u>					
<u>Houston TX 77002</u>		<b>Basis for the claim:</b> <u>Unsecured Debt</u>			
Date or dates debt was incurred		Is the claim subject to offset?			
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Last 4 digits of account number					

Debtor

Riverside General Hospital, Inc.

Case number (if known)

16-30603

**Part 2: Additional Page**

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Amount of claim

<b>3.21</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Bonner, Cora</u> <u>c/o H. Howard Schmerin</u> <u>2650 Fountain View, Suite 132</u> <u>Houston TX 77057</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$98,741.00</b>
		<b>Basis for the claim:</b> <u>Unsecured Debt</u>	
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.22</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Canfield Funding LLC</u> <u>c/o Fred Wahrlich</u> <u>Floyd, Isgur, Rios &amp; Wahrlich, P.C.</u> <u>Houston TX 77002-2732</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$90,000.00</b>
		<b>Basis for the claim:</b> <u>Unsecured Debt</u>	
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.23</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Centech Communication Company</u> <u>10039 Bissonnet Street</u> <u>Houston TX 77036</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,346.95</b>
		<b>Basis for the claim:</b> <u>Unsecured Debt</u>	
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.24</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Centerpoint Energy</u> <u>P. O. Box 4981</u> <u>Houston TX 77210-4981</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$20,107.11</b>
		<b>Basis for the claim:</b> <u>Unsecured Debt</u>	
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Riverside General Hospital, Inc.

Case number (if known)

16-30603

**Part 2: Additional Page**

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Amount of claim

<b>3.25</b>	<b>Nonpriority creditor's name and mailing address</b> <hr/> <u>Christus St. Joseph Hospital</u> <hr/> <u>c/o Leon E. Pegg</u> <hr/> <u>Holloway &amp; Gumbert</u> <hr/> <u>Houston</u> <u>TX</u> <u>77098</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$52,294.00</b>	
		<b>Basis for the claim:</b> <u>Unsecured Debt</u>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b>		
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.26</b>		<b>Nonpriority creditor's name and mailing address</b> <hr/> <u>City of Houston</u> <hr/> <u>c/o Linebarger Goggan Blair &amp; Sampson</u> <hr/> <u>1300 Main, Suite 300</u> <hr/> <u>Houston</u> <u>TX</u> <u>77002</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$12,700.00</b>
		<b>Basis for the claim:</b> <u>Unsecured Debt</u>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b>		
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.27</b>		<b>Nonpriority creditor's name and mailing address</b> <hr/> <u>City of Houston Water</u> <hr/> <u>4200 Leeland Street</u> <hr/> <u>Houston</u> <u>TX</u> <u>77023</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$38,268.80</b>
		<b>Basis for the claim:</b> <u>Unsecured Debt</u>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b>		
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.28</b>		<b>Nonpriority creditor's name and mailing address</b> <hr/> <u>Clement Aldridge</u> <hr/> <u>7529 Olympia Dr.</u> <hr/> <u>Houston</u> <u>TX</u> <u>77063</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$140,000.00</b>
		<b>Basis for the claim:</b> <u>Attorney Fees</u>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b>		
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor

Riverside General Hospital, Inc.

Case number (if known)

16-30603

**Part 2: Additional Page**

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Amount of claim

<b>3.29</b>	<b>Nonpriority creditor's name and mailing address</b> <u>College of American Pathologists</u> <u>13501 I Street NW Suite 590</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,976.57</b>	
		<b>Basis for the claim:</b> <u>Unsecured Debt</u>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Last 4 digits of account number</b> _____				
<b>3.30</b>		<b>Nonpriority creditor's name and mailing address</b> <u>Comcast</u> <u>1 Comcast Center</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$147.55</b>
		<b>Basis for the claim:</b> <u>Unsecured Debt</u>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Last 4 digits of account number</b> _____				
<b>3.31</b>		<b>Nonpriority creditor's name and mailing address</b> <u>Daniels Sharpmart Inc.</u> <u>111 W. Jackson Blvd., Suite 720</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$439.85</b>
		<b>Basis for the claim:</b> <u>Unsecured Debt</u>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Last 4 digits of account number</b> _____				
<b>3.32</b>		<b>Nonpriority creditor's name and mailing address</b> <u>Danka Funding Company Inc.</u> <u>c/o Glen A. Nordt</u> <u>Coats Rose Yale Ryman &amp; Lee, P.C.</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$269,793.00</b>
		<b>Basis for the claim:</b> <u>Unsecured Debt</u>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Last 4 digits of account number</b> _____				

Debtor

Riverside General Hospital, Inc.

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**Part 2: Additional Page**

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Amount of claim

<b>3.33</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>
<u>Dawson Chemical &amp; Janitorial</u> <u>6010 Irvington Blvd.</u> <u>Houston, Texas 7709</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$18,167.69</b>
<b>Basis for the claim:</b> <b>Unsecured Debt</b>		
<b>Date or dates debt was incurred</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b>		
<b>3.34</b>		<b>Nonpriority creditor's name and mailing address</b>
<u>Dennis Lewis</u> <u>c/o William H. Watson</u> <u>Ballard &amp; Watson</u>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>
		<b>\$51,000.00</b>
		<b>Basis for the claim:</b> <b>Unsecured Debt</b>
<b>Date or dates debt was incurred</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b>		
<b>3.35</b>		<b>Nonpriority creditor's name and mailing address</b>
<u>Drug Enforcement Administration</u> <u>1433 W. Loop South, Suite 600</u>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>
		<b>\$244.00</b>
		<b>Basis for the claim:</b> <b>Unsecured Debt</b>
<b>Date or dates debt was incurred</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b>		
<b>3.36</b>		<b>Nonpriority creditor's name and mailing address</b>
<u>Emdeon Business Service</u> <u>100 N. Byrne Road</u>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>
		<b>\$3,600.00</b>
		<b>Basis for the claim:</b> <b>Unsecured Debt</b>
<b>Date or dates debt was incurred</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b>		

Debtor

Riverside General Hospital, Inc.

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**Part 2: Additional Page**

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Amount of claim

<b>3.37</b>	<b>Nonpriority creditor's name and mailing address</b> Estill Affiliates LLC c/o Wendle Van Smith One Arena Place Houston TX 77074	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$229,399.00</b>	
		<b>Basis for the claim:</b> <b>Unsecured Debt</b>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.38</b>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$294,839.00</b>
Ethel Austin c/o G. Scott Fiddler 5959 West Loop South, Suite 150 Bellaire TX 77401		<b>Basis for the claim:</b> <b>Unsecured Debt</b>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.39</b>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$15,750.00</b>
Fasthealth Corporation 101 23rd Avenue Tuscaloosa AL 35401		<b>Basis for the claim:</b> <b>Unsecured Debt</b>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.40</b>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$3,500.00</b>
Fire Safe Protection Service 1815 Sherwood Forest Street Houston TX 77043		<b>Basis for the claim:</b> <b>Unsecured Debt</b>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor

Riverside General Hospital, Inc.

Case number (if known)

16-30603

**Part 2: Additional Page**

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Amount of claim

<b>3.41</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Grainger</u> <u>3232 Harrisburg Blvd.</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$2,245.55</b>
<b>Basis for the claim:</b> <b>Unsecured Debt</b>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> _____		
<b>3.42</b>		<b>Nonpriority creditor's name and mailing address</b> <u>Green Bank</u> <u>4000 Greenbriar</u>
		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$84,687.83</b>
<b>Basis for the claim:</b> <b>line of credit</b>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> _____		
<b>3.43</b>		<b>Nonpriority creditor's name and mailing address</b> <u>Gulf Coast Regional Blood</u> <u>1400 La Concha Lane</u>
		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$1,051.50</b>
<b>Basis for the claim:</b> <b>Unsecured Debt</b>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> _____		
<b>3.44</b>		<b>Nonpriority creditor's name and mailing address</b> <u>Harris County</u> <u>c/o Linebarger Goggan Blair &amp; Sampson</u> <u>1300 Main, Suite 300</u>
		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$4,375.00</b>
<b>Basis for the claim:</b> <b>Unsecured Debt</b>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> _____		

Debtor

Riverside General Hospital, Inc.

Case number (if known)

16-30603

**Part 2: Additional Page**

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Amount of claim

3.45	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$73,121.00
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Harris County

c/o Linebarger Goggan Blair &amp; Sampson

1300 Main, Suite 300

Contingent

Unliquidated

Disputed

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No

Yes

3.46	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$18,174.00
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Harris County

c/o Linebarger Goggan Blair &amp; Sampson

1300 Main, Suite 300

Contingent

Unliquidated

Disputed

Basis for the claim:

Unsecured Debt

Houston

TX 77002

No

Yes

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No

Yes

3.47	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$638.00
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Harris County

c/o Linebarger Goggan Blair &amp; Sampson

1300 Main, Suite 300

Contingent

Unliquidated

Disputed

Basis for the claim:

Unsecured Debt

Houston

TX 77002

No

Yes

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No

Yes

3.48	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,378.00
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Harris County

c/o Linebarger Goggan Blair &amp; Sampson

1300 Main, Suite 300

Contingent

Unliquidated

Disputed

Basis for the claim:

Unsecured Debt

Houston

TX 77002

No

Yes

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No

Yes

Debtor

Riverside General Hospital, Inc.

Case number (if known)

16-30603

**Part 2: Additional Page**

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Amount of claim

<b>3.49</b>	<b>Nonpriority creditor's name and mailing address</b> Harris County/HISD c/o Linebarger Goggan Blair & Sampson 1300 Main, Suite 300 Houston TX 77002	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Basis for the claim:</b> <b>Unsecured Debt</b>	<b>\$7,303.00</b>
Date or dates debt was incurred _____ Last 4 digits of account number _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.50</b>		<b>Nonpriority creditor's name and mailing address</b> Harris County/HISD c/o Linebarger Goggan Blair & Sampson 1300 Main, Suite 300 Houston TX 77002	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$9,749.00</b>
Date or dates debt was incurred _____ Last 4 digits of account number _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.51</b>		<b>Nonpriority creditor's name and mailing address</b> Harris County/HISD c/o Linebarger Goggan Blair & Sampson 1300 Main, Suite 300 Houston TX 77002	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,032.00</b>
Date or dates debt was incurred _____ Last 4 digits of account number _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.52</b>		<b>Nonpriority creditor's name and mailing address</b> Harris County/HISD c/o Linebarger Goggan Blair & Sampson 1300 Main, Suite 300 Houston TX 77002	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>
Date or dates debt was incurred _____ Last 4 digits of account number _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor

Riverside General Hospital, Inc.

Case number (if known)

16-30603

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.53</b>	<b>Nonpriority creditor's name and mailing address</b> Harris County/HISD c/o Linebarger Goggan Blair & Sampson 1300 Main, Suite 300 Houston TX 77002	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$23,821.00</b>	
		<b>Basis for the claim:</b> <b>Unsecured Debt</b>		
Date or dates debt was incurred _____ Last 4 digits of account number _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.54</b>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$12,083.00</b>
Harris County/HISD c/o Linebarger Goggan Blair & Sampson 1300 Main, Suite 300 Houston TX 77002		<b>Basis for the claim:</b> <b>Unsecured Debt</b>		
Date or dates debt was incurred _____ Last 4 digits of account number _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.55</b>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,666.00</b>
Healing Air Inc. 14502 Hiram Clark Road Houston TX 77045		<b>Basis for the claim:</b> <b>Unsecured Debt</b>		
Date or dates debt was incurred _____ Last 4 digits of account number _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.56</b>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$496,832.00</b>
Healthland-Omaha 1600 Utica Avenue, Suite 300 Minneapolis MN 55416		<b>Basis for the claim:</b> <b>Unsecured Debt</b>		
Date or dates debt was incurred _____ Last 4 digits of account number _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor

Riverside General Hospital, Inc.

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**Part 2: Additional Page**

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Amount of claim

3.57	Nonpriority creditor's name and mailing address  Hill International, Inc. John Lynd 3200 SW Freeway, Ste 2300 Houston TX 77027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$129,600.82</b>
		Basis for the claim: <b>Judgment</b>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.58	Nonpriority creditor's name and mailing address  HISD c/o Linebarger Goggan Blair & Sampson 1300 Main, Suite 300 Houston TX 77002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$25,938.00</b>
		Basis for the claim: <b>Unsecured Debt</b>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.59	Nonpriority creditor's name and mailing address  HISD c/o Linebarger Goggan Blair & Sampson 1300 Main, Suite 300 Houston TX 77002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$51,736.00</b>
		Basis for the claim: <b>Unsecured Debt</b>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.60	Nonpriority creditor's name and mailing address  HISD c/o Linebarger Goggan Blair & Sampson 1300 Main, Suite 300 Houston TX 77002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$610.00</b>
		Basis for the claim: <b>Unsecured Debt</b>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor

Riverside General Hospital, Inc.

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Amount of claim

<b>3.61</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Hour Doc-Holding, LLC</u> <u>4801 Woodway, Suite 210</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,855.00</b>	
		<b>Basis for the claim:</b> <b>Unsecured Debt</b>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.62</b>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$142.50</b>
<u>Hurricane Glass</u> <u>11000 Gulf Freeway</u>		<b>Basis for the claim:</b> <b>Unsecured Debt</b>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.63</b>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$2,147.63</b>
<u>IMMUCOR Inc.</u> <u>3700 Mangun Road</u>		<b>Basis for the claim:</b> <b>Unsecured Debt</b>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>3.64</b>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,467.60</b>
<u>INFOLAB Inc.</u> <u>690 Center Street, Suite 301</u>		<b>Basis for the claim:</b> <b>Unsecured Debt</b>		
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor

Riverside General Hospital, Inc.

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**Part 2: Additional Page**

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Amount of claim

<b>3.65</b>	<b>Nonpriority creditor's name and mailing address</b> <b>JB's Carpet Cleaning</b> <b>2313 W. Sam Houston Pkwy N., Suite 131</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$190.00</b>
		<b>Basis for the claim:</b> <b>Unsecured Debt</b>	
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.66</b>	<b>Nonpriority creditor's name and mailing address</b> <b>JC Electrical Service</b> <b>630 Westfield Lane</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$950.00</b>
		<b>Basis for the claim:</b> <b>Unsecured Debt</b>	
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.67</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Krames Staywell, LLC</b> <b>780 Township Line Road</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,289.04</b>
		<b>Basis for the claim:</b> <b>Unsecured Debt</b>	
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.68</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Kuhn Digital, LLC</b> <b>13519 Pinerock Lane</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$17,298.43</b>
		<b>Basis for the claim:</b> <b>Unsecured Debt</b>	
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Riverside General Hospital, Inc.

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Amount of claim

<b>3.69</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Kwik Kill Exterminators of Texas</u> <u>715 E. Tidwell Road</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,745.00</b>
		<b>Basis for the claim:</b> <b>Unsecured Debt</b>	
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.70</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Laboratory Corp of America</u> <u>Johnson Legal Network, PLLC</u> <u>535 Wellington Way, Suite 380</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$60,805.34</b>
		<b>Basis for the claim:</b> <b>Unsecured Debt</b>	
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.71</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Lanetta Sparks</u> <u>c/o John A. Elmore</u> <u>3033 Fannin, Suite 101</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$275,000.00</b>
		<b>Basis for the claim:</b> <b>Unsecured Debt</b>	
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.72</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Liberty Office Products</u> <u>8744 Westpark Drive</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,519.78</b>
		<b>Basis for the claim:</b> <b>Unsecured Debt</b>	
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Riverside General Hospital, Inc.

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Amount of claim

<b>3.73</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Lyons Supermarket Corp.</u> <u>c/o Trang Q. Tran</u> <u>Tran Law Firm</u> <u>Houston TX 77002</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Basis for the claim:</b> <u>Unsecured Debt</u>	<b>\$132,194.00</b>
<b>Date or dates debt was incurred</b> _____			<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> _____				
<hr/>				
<b>3.74</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Machine Ice Company</u> <u>8915 Sweetwater Lane</u> <u>Houston TX 77037</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Basis for the claim:</b> <u>Unsecured Debt</u>	<b>\$420.00</b>
<b>Date or dates debt was incurred</b> _____			<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> _____				
<hr/>				
<b>3.75</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Matheson Tri-Gas</u> <u>2200 Houston Avenue</u> <u>Houston TX 77007</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Basis for the claim:</b> <u>Unsecured Debt</u>	<b>\$11,361.07</b>
<b>Date or dates debt was incurred</b> _____			<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> _____				
<hr/>				
<b>3.76</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Medical Programs Inc.</u> <u>c/o Thomas Herter</u> <u>Clark Hellen &amp; Herter, P.C.</u> <u>Houston TX 77081</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Basis for the claim:</b> <u>Unsecured Debt</u>	<b>\$111,073.00</b>
<b>Date or dates debt was incurred</b> _____			<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> _____				

Debtor

Riverside General Hospital, Inc.

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**Part 2: Additional Page**

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Amount of claim

3.77	Nonpriority creditor's name and mailing address  <u>Mitel Technologies</u> <u>10603 W. Sam Houston Pkwy., Suite 400</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$315.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Unsecured Debt</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.78	Nonpriority creditor's name and mailing address  <u>MOD Space Storage</u> <u>10604 Wallisville Road</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,494.42</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Unsecured Debt</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.79	Nonpriority creditor's name and mailing address  <u>Morad A. Nashed</u> <u>17211 Sandestine Dr.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$7,174.75</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Services Performed, Vacation and U</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.80	Nonpriority creditor's name and mailing address  <u>Nexus Disposal, LLC</u> <u>6131 Thomas Road</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,248.68</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Unsecured Debt</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

Debtor

Riverside General Hospital, Inc.

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Amount of claim

<b>3.81</b>	<b>Nonpriority creditor's name and mailing address</b> <hr/> <b>Office Depot, Inc.</b> <hr/> <b>6600 North Military Trail</b> <hr/>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$6,372.06</b>
<b>Basis for the claim:</b> <b>Unsecured Debt</b>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> _____		
<b>3.82</b>		
<b>Nonpriority creditor's name and mailing address</b> <hr/> <b>OGH Service Company</b> <hr/> <b>3730 Creekmont Drive</b> <hr/> <b>Houston, Texas</b> <hr/>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Basis for the claim:</b> <b>Unsecured Debt</b>
		<b>\$4,226.00</b>
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> _____		
<b>3.83</b>		
<b>Nonpriority creditor's name and mailing address</b> <hr/> <b>Olshan Lumber Company</b> <hr/> <b>2600 Commerce Street</b> <hr/> <b>Houston</b> <b>TX</b> <b>77003</b> <hr/>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Basis for the claim:</b> <b>Unsecured Debt</b>
		<b>\$626.20</b>
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> _____		
<b>3.84</b>		
<b>Nonpriority creditor's name and mailing address</b> <hr/> <b>Otis Elevator Company</b> <hr/> <b>9001 Jameel Road, Suite 100</b> <hr/> <b>Houston</b> <b>TX</b> <b>77040</b> <hr/>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Basis for the claim:</b> <b>Unsecured Debt</b>
		<b>\$3,266.27</b>
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> _____		

Debtor

Riverside General Hospital, Inc.

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Amount of claim

3.85	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$165.00
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**Pension Benefit Information**

711 Grand Avenue

 Contingent Unliquidated Disputed

San Rafael

CA 94901

**Basis for the claim:****Unsecured Debt**

Date or dates debt was incurred

Is the claim subject to offset?

 No Yes

3.86	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$150.00
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Pete's Welding Service

 Contingent Unliquidated Disputed

711 Pearl Street

**Basis for the claim:****Unsecured Debt**

Date or dates debt was incurred

Is the claim subject to offset?

 No Yes

3.87	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,248.09
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Pitney Bowes, Inc.

 Contingent Unliquidated Disputed

27 Waterview Dr.

**Basis for the claim:****Goods Sold**

3rd Fl

Shelton CT 06484

Is the claim subject to offset?

 No Yes

3.88	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,200.00
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Pitney Bowes, Inc.

 Contingent Unliquidated Disputed

27 Waterview Dr.

**Basis for the claim:****Goods Sold**

3rd Fl

Shelton CT 06484

Is the claim subject to offset?

 No Yes

Date or dates debt was incurred

Last 4 digits of account number

Debtor

Riverside General Hospital, Inc.

Case number (if known)

16-30603

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.89</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Reliant Energy Inc.</u> <u>c/o Marchris Robinson</u> <u>4203 Yoakum Blvd., Suite 310</u> <u>Houston TX 77006-5455</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$246,550.00</b>	
<b>Basis for the claim:</b> <u>Unsecured Debt</u>				
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Last 4 digits of account number</b> _____				
<b>3.90</b>		<b>Nonpriority creditor's name and mailing address</b> <u>Reliant Energy Inc.</u> <u>c/o Marchris Robinson</u> <u>4203 Yoakum Blvd., Suite 310</u> <u>Houston TX 77006-5455</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$320,476.00</b>
		<b>Basis for the claim:</b> <u>Unsecured Debt</u>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Last 4 digits of account number</b> _____				
<b>3.91</b>		<b>Nonpriority creditor's name and mailing address</b> <u>State of Texas</u> <u>c/o Scot Clinton Assistant Attorneys Gen</u> <u>Consumer Protection &amp; Public Health Divi</u> <u>Houston TX 77002</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$20,000.00</b>
		<b>Basis for the claim:</b> <u>Unsecured Debt</u>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Last 4 digits of account number</b> _____				
<b>3.92</b>		<b>Nonpriority creditor's name and mailing address</b> <u>STM &amp; Associates Architects LLC</u> <u>c/o Kevin Michael Madden</u> <u>1001 Texas Avenue, Suite 1400</u> <u>Houston TX 77002</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$188,150.00</b>
		<b>Basis for the claim:</b> <u>Unsecured Debt</u>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Last 4 digits of account number</b> _____				

Debtor

Riverside General Hospital, Inc.

Case number (if known)

16-30603

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.93</b>	<b>Nonpriority creditor's name and mailing address</b> Stryker Medical Lori Purkey, Purkey and Assoc., PLC 5050 Cascade Rd, SE, Ste. A Grand Rapids MI 49546	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$289,162.88</b>
		<b>Basis for the claim:</b> <b>Sale of Goods</b>	
Date or dates debt was incurred _____ Last 4 digits of account number _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.94</b>		<b>Nonpriority creditor's name and mailing address</b> Surgical Medical Solutions c/o Miguel Jose Chapa Chapa Law Group, P First National Bank Tower San Antonio TX 78201	
		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> <b>Unsecured Debt</b>	
Date or dates debt was incurred _____ Last 4 digits of account number _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.95</b>		<b>Nonpriority creditor's name and mailing address</b> Walter D. Davis, CPA PO Box 36466 Houston TX 77236	
		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> <b>Services Rendered</b>	
Date or dates debt was incurred _____ Last 4 digits of account number _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.96</b>		<b>Nonpriority creditor's name and mailing address</b> Wittaker General Medical c/o Jon D. Totz Lapin Totz & Mayer Houston TX 77027	
		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> <b>Unsecured Debt</b>	
Date or dates debt was incurred _____ Last 4 digits of account number _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. <u>\$1,923,496.21</u>
5b. Total claims from Part 2	5b. + <u>\$5,433,040.93</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	<u>\$7,356,537.14</u>

**Fill in this information to identify the case:**Debtor Name Riverside General Hospital, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number (if known): 16-30603 Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**1. **Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)1a. **Real property:**

Copy line 88 from Schedule A/B.....

**\$20,484,850.00**1b. **Total personal property:**

Copy line 91A from Schedule A/B.....

**\$15,841.00**1c. **Total of all property**

Copy line 92 from Schedule A/B.....

**\$20,500,691.00****Part 2: Summary of Liabilities**2. **Schedule D: Creditors Who Hold Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, at the bottom of page 1 of Schedule D.....

**\$19,222,322.03**3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

**\$1,923,496.21**3b. **Total amount of claims of non-priority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

**+ \$5,433,040.93**4. **Total liabilities**

Lines 2 + 3a + 3b.....

**\$26,578,859.17**